

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003141

FILED
Jan 17, 2005
Secretary of State

Entity Name: LUMPKIN FAMILY FELLOWSHIP FOUNDATION, INC.

Current Principal Place of Business:

20107 N.W. 58TH PL
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4175
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 65-1007629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODEN, JACQUELYN L
99 N.W. 183RD STREET
SUITE 240
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUMPKIN, EARL L SR
Address: 20107 N.W. 58TH PL.
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: LUMPKIN, REV. JOHN SR
Address: 5711 NESBITT LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: JACKSON, CYPRINNA
Address: 721 N.W. 135TH WAY
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: LUMPKIN, EARL L JR
Address: 20107 N.W. 58TH PL
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: LUMPKIN, ACQUELYN
Address: 6510 S.W. 194TH ST.
City-St-Zip: ARCHER, FL 32618

Title: S () Delete
Name: PERKINS, BETTY
Address: 3711 S.W. 169TH AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL L. LUMPKIN, SR.

P

01/17/2005

Electronic Signature of Signing Officer or Director

Date